

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-676)

SERIAL NO. 10/069,056 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AFTER		BEFORE		NO.	AFTER		BEFORE		
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT		NO.	IND.	DER.	IND.	DER.
1.					51.					
2.					52.					
3.					53.					
4.					54.					
5.					55.					
6.					56.					
7.					57.					
8.					58.					
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10.					60.					
11.					61.					
12.					62.					
13.					63.					
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39.					89.					
40.					90.					
41.					91.					
42.					92.					
43.					93.					
44.					94.					
45.					95.					
46.					96.					
47.					97.					
48.					98.					
49.					99.					
50.					100.					
TOTAL IND.					TOTAL IND.					
TOTAL DER.					TOTAL DER.					
TOTAL CLAMS					TOTAL CLAMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS